



DEVAL L. PATRICK, GOVERNOR
TIMOTHY P. MURRAY, LT. GOVERNOR
JEFFREY B. MULLAN, SECRETARY & CEO
RACHEL KAPRIELIAN, REGISTRAR



Name:

Address:

License or Social Security Number:

Date:

AFFIDAVIT FOR REPLACEMENT PLACARD:

I, _____
Last First Middle

Address

City/Town Zip Code

Declare that my Handicap Placard No. _____ has been lost or stolen.

I understand that upon receipt of a replacement placard that the original will no longer be valid.
I understand that should the original placard be found, it is to be returned to the Registry of
Motor Vehicles forthwith. I further understand that a placard is valid only for the handicapped
person to whom it is issued and is not transferable to another party.

A duplicate copy of this affidavit shall be sent to the parking commission of the handicapped
person's home of record.

Signed under the penalties of perjury.

Signature

Date